

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/544525 FILING DATE 4.6.00
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		2					54						
5		2					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12		2					62						
13		2					63						
14		1					64						
15	1						65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30	1						80						
31		1					81						
32		1					82						
33	1						83						
34	1						84						
35	1						85						
36		3					86						
37		3					87						
38		3					88						
39		3					89						
40		1					90						
41		1					91						
42		1					92						
43	1						93						
44		1					94						
45	1						95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	54						TOTAL DEP.						
TOTAL CLAIMS	65						TOTAL CLAIMS						